

APPLICATION FOR EXTENSION FOR PAYMENT

## FRANKLIN COUNTY JUSTICE COURT

## Court Docket #: \_

In order to be considered for an extension time to pay/time payment plan, it is MANDATORY that the following information be provided to the Court. Please be aware the Court may call to verify this information. **PERSONAL INFORMATION**:

Name:			
Last	Firs	t	Middle
Address:			
Street	City/State		Zip Code
Phone Number:	Is this number yo	ur Home or other	_? (Where)
Date of Birth	Driver's License/ID #	State	SSN
If married, Spouses Name:			
Last		First	Middle
Two Persons who will know how	<u>w to contact you at all tim</u>	<u>es</u> :	
Name	Address		Phone
Name	Address		Phone
EMPLOYMENT INFORMATION:	Employed Uner	nployed How Lo	ong?
Company Name	Address	Phone	Position/How Long?
Please <u>Check ONE</u> of the Follov	ving Pleas:		
I hereby enter a plea of			
I hereby enter a plea of	NO CONTEST and waive a	appearance for trial.	
	ACKNOWLEDG	MENT AFFIDAVIT	
			y knowledge and belief. I attest that
CANNOT MAKE FULL PAYMENT of t			
			ON OF TIME TO PAY/TIME PAYMENT
PLAN WILL RESULT IN THE ISSUANC			
I UNDERSTAND THAT A S	IAIE-MANDAIED IIME-PAYI	MENT FEE OF \$25 MUST BE	COLLECTED FOR EACH VIOLATION

PLACED ON A PAYMENT PLAN THAT HOLD A BALANCE AFTER 30 DAYS. YOUR PAYMENTS WILL BE A MINIMUM of \$100 EVERY 30 DAYS UNTIL THE BALANCE IS PAID IN FULL. THERE IS A \$2.00 FEE EVERY TIME A PAYMENT IS MADE.

I ALSO UNDERSTAND THAT FAILURE TO RETURN THE COMPLETED FORM ON OR BEFORE 21 DAYS FROM DATE THE CITATION WAS ISSUED WITH A PAYMENT WILL RESULT IN A WARRANT BEING ISSUED AND HOLD PUT ON DRIVER'S LICENSE. I promise that until my court fees and state costs have been paid in full, I will notify the Court of any changes to this

form in person or by mail.

Defendant Signature \_\_\_\_\_

SWORN and SUBSCRIBED to this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_Notary/Court Clerk

Pay Plan App mod. Dec 2016